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Certificate of Attendance

This is to certify that

Name: _____

License Number: _____

Has attended and met all requirements of

Surgical and Non-Surgical Options for the Hip:

Weighing the Options?

(Program Title)

Instructor: Dr. David J. King

Contact Hour: ONE

Date: June 24, 2020

California Board of Nursing Provider Number: CEP14223

FL, SC, WV, AR, GA Boards of Nursing Provider Number: 50-1134 CE Broker Tracking #: 20-700559

Approved for continuing education in accordance with CA, FL, SC, GA, AR, WV Boards of Registered Nursing Statutes. Certification may be applied to other SBON, as defined by their state statutes.

Indiana Adjuster Provider Number: 132396

Course Number: 37421

Signature of Provider: *Karyn Scully RN, BSN, CRRN*

CE Provider: Scully Health Management, Inc.

PO Box 8294 Coral Springs, FL 33075

(954) 242-0515 karynscully@bellsouth.net

Please keep this certificate for your records as required. All credits which can be processed will be done within 10 days, please verify your credits have been posted. Requests received after the 10th day may not be processed and the attendee risks losing credit for the event.